

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90043 004 ***150.00

0500038

DOCUMENT # P96000101061

1. Entity Name
SEVEN NATIONS, INC.

Principal Place of Business

**6238 BLUE CLAY CT.
 ORLANDO FL 32819**

Mailing Address

**P.O. BOX 693
 WINDERMERE FL 34786-0693**

2. Principal Place of Business

3. Mailing Address

7680 Universal Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

565

City & State

Orlando FL

Zip

Country

32819

Country

USA

4. FEI Number

59-3449288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLEOD, KIRK A
 6238 BLUE CLAY CT.
 ORLANDO FL 32819**

Name **KIRK A. McLeod / Seven Nations, Inc.**

Street Address (P.O. Box Number is Not Acceptable)
7680 Universal Blvd.

Suite 565

City **Orlando**

FL

Zip Code **32819**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Kirk A. McLeod**

3-16-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **MCLEOD, KIRK**
 STREET ADDRESS **6238 BLUE CLAY CT.**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **PD** ☒ Change ☐ Addition
 NAME **KIRK A McLeod**
 STREET ADDRESS **7680 Universal Blvd #565**
 CITY-ST-ZIP **Orlando FL 32819**

TITLE **D** ☐ Delete
 NAME **STRUBLE, JAMES**
 STREET ADDRESS **2587 SIGMA CT.**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☒ Change ☐ Addition
 NAME **James Struble**
 STREET ADDRESS **7680 Universal Blvd. #565**
 CITY-ST-ZIP **Orlando FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kirk A. McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIRK A. McLeod

Date

Daytime Phone #

3/16/01 4072482697

CR2E034 (10/00)